

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10822411**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51		/						
2		/					52		/						
3		/					53		/						
4		/					54		/						
5		/					55		/						
6		/					56		/						
7		/					57	/							
8		/					58		/						
9		/					59		/						
10		/					60		/						
11	/						61		/						
12		/					62		/						
13		/					63		/						
14		/					64		/						
15		/					65		/						
16		/					66		/						
17		/					67		/						
18		/					68		/						
19		/					69		/						
20		/					70		/						
21		/					71		/						
22		/					72		/						
23		/					73		/						
24		/					74		/						
25		/					75		/						
26		/					76		/						
27		/					77		/						
28		/					78		/						
29		/					79		/						
30		/					80		/						
31	/						81		/						
32	/						82		/						
33	/						83		/						
34		/					84		/						
35		/					85		/						
36		/					86		/						
37	/						87		/						
38		/					88		/						
39		/					89		/						
40		/					90		/						
41		/					91		/						
42		/					92		/						
43		/					93		/						
44		/					94		/						
45		/					95		/						
46		/					96		/						
47		/					97		/						
48		/					98		/						
49	/						99		/						
50		/					100		/						
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								